## PART B - FEE(S) TRANSMITTA

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NEW YORK, NY 1010 Process of the date indicated above, this paper or Thereby certify that, on the date indicated above, this paper or Thereby certify that, on the date indicated above, that it was fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Commissioner for Patents, P.O. Box 1450, Alexandria. VA 22313-1450 by Express Mail (Signature Post Office to Addressee" service. W.LEE (Date Name LING DATE CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. 10/623,378 07/18/2003 Jay D. Kranzler CYPR 100 CIP DIV 3207 TITLE OF INVENTION: METHODS OF TREATING FIBROMYALGIA SYNDROME, CHRONIC FATIGUE SYNDROME AND PAIN 10/03/2005 HGUTEMA2 00000001 10623378 1400.00 OP 02 FC: 1504 APPLN. TYPE SMALZOEN DO YUP **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$700 \$300 \$1000 09/30/2005 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** COOK, REBECCA 1614 514-620000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). 1 Darby & Darby (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cypress Bioscience, Inc. San Diego, California Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XXCorporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee XXI A check in the amount of the fee(s) is enclosed. \$1700.00 Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_ XI The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-010 (enclose an extra copy of this form). Deposit Account Number (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Lb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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